U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: E-2010060192
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/14/2010

4. Time of Incident (use 24-hour time):
05:10

5. Enter National Response Center Report Number (if applicable):
940158

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: DOWNEY
County: LOS ANGELES
State: CA
Zip Code: (if known): 90241
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Stewart And Gray Road

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Ferrellgas, Inc.
Street: One Liberty Plaza
City: LIBERTY
State: MO
Zip Code: 64068
Federal DOT Id Number: 089243
Hazmat Registration Number: 053007552014PR

11. Shipper/Offeror:
Name: Ferrellgas, Inc.
Street: One Liberty Plaza
City: LIBERTY
State: MO
Zip Code: 64068
Waybill/Shipping Paper:
Hazmat Registration Number: 053007552014PR

12. Origin (if different from shipper address)
Street: 2125 W. 17th St
City: SANTA ANA
State: CA
Zip Code: 92706

13. Destination:
Street: 2125 W 17th St
City: SANTA ANA
State: CA
Zip Code: 92706

14. Proper Shipping Name of Hazardous Material: LPG

15. Technical/Trade Name: Propane

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 200 Gas - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 133-Liquid Line
How Failed: - 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: MC331
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	3000 Gas - Gallon	Package Capacity:	
Amount in Package:	2293 Gas - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	Ameritank	Manufacture Date:	01/01/1995
Serial Number:	102595	Last Test Date:	03/02/2010
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.5 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.375 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type: Spray Fill Line
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:	True	10-8088
Police Report #:	True	10-34590
In-house cleanup:	False	
Other Cleanup:	True	

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 265.00
Carrier Damage:	$ 15,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 500.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	100
Total number of employees evacuated:	1
Total evacuated:	101
Duration of the evacuation:	12

36. Was a major transportation artery or facility closed? True

If yes, how many? 12

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	23
Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	False

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

Employee was traveling west bound on Regentview Ave. driving approximately 20-25 MPH. Employee was in Third gear as he approached the intersection with Steward and Gray Road. Employee depressed the clutch pedal and applied foot pressure to the brake pedal and did not get a response. The truck continued forward as employee was approaching the Stop sign. Employee witnessed a car traveling NB ion Stewart and Gray Rd. and was afraid that he was going to collide with it. To avoid a collision with this vehicle he tried to turn his truck into the NB lane. This turn caused Employee to lose control of the truck and it rolled over onto its left side. Some liquid lines were damaged in the incident. The Fire Department evacuated the area and did not allow Ferrellgas to approach the vehicle until approximately nine hours had passed. When Ferrellgas was allowed to approach the vehicle Ferrellgas transferred the propane from the damaged vehicle to another vehicle. The damaged vehicle was then up righted and towed.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

The company has a rollover prevention policy titled, "SLIP OFF STAY OFF" with cab posters and training reminders. The idea is to bring the vehicle under control without attempting to radically change the path which can cause liquid load shifting and add to the potential for overturn. After each such accident a committee reviews the investigative facts to determine whether the driver followed company safety practices and whether disciplinary actions are appropriate. Our employees receive recurrent training for defensive driving, proper backing techniques and how to prevent rollovers. Employees must pass a driver recertification test every three years.

PART VIII – CONTACT INFORMATION

Contact's Name:	Adria Cooper
Contact's Title:	Claims Specialist
Business Name and Address:	Ferrellgas, Inc. One Liberty Plaza LIBERTY MO 64068
E-mail Address:	adriacooper@ferrellgas.com
Telephone Number:	816-792-7965
Fax Number:	816-792-7449
Hazmat Registration Number:	053007552014PR
Date:	06/11/2010
Preparer is:	Carrier

01/01/1995